

Exhibit D

IN THE DISTRICT COURT OF PARK COUNTY, WYOMING
FIFTH JUDICIAL DISTRICT
CIVIL ACTION NO. 27038

AARON L. HARRIS and GLENNDA P.
HARRIS,

Plaintiffs,

vs.

JEFFREY HANSEN, M.D.; and POWELL
VALLEY HEALTHCARE, INC.,

Defendants.

DEPOSITION OF WILLIAM PATTEN

9:12 a.m., Wednesday
June 25, 2014

PURSUANT TO NOTICE, the deposition of William Patten was taken on behalf of the Plaintiffs in accordance with the applicable Wyoming Rules of Civil Procedure at Powell Valley Hospital, 777 Avenue H, Powell, Wyoming, before Anne Bowline, a Registered Merit Reporter and Notary Public of the State of Wyoming.

A P P E A R A N C E S

For the Plaintiffs:	MR. ROBERT A. KRAUSE Attorney at Law The Spence Law Firm, LLC 15 South Jackson Street P.O. Box 548 Jackson, Wyoming 83001
For Defendant Jeffrey Hansen, M.D.:	MR. CHRISTOPHER C. VOIGT and MR. ERIC PETERSON Attorneys at Law Crowley Fleck, PLLP 500 Transwestern Plaza II 490 North 31st Street P.O. Box 2529 Billings, Montana 59103
For Defendant Powell Valley Healthcare, Inc.:	MR. SCOTT E. ORTIZ and MR. BRIAN J. MARVEL Attorneys at Law Williams, Porter, Day & Neville, P.C. 159 North Wolcott Street Suite 400 P.O. Box 10700 Casper, Wyoming 82602

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1 the way Dr. Hansen practiced medicine, his infection
2 rate, reoperates, you know, anything relating to his
3 competence as a physician or patient care issues?

4 A. My sense is that all of that over the last
5 few months has been within one of the categories
6 that he doesn't want me to talk about.

7 Q. What about at any time? I'm not limiting
8 it to just the last few months.

9 A. So my first year here there would have been
10 very little communication of that type. My second
11 year, from the point that Brad Mangum brought
12 forward some concerns, my sense is that almost
13 everything would fall into those categories.

14 Q. Okay. And when you say "almost
15 everything," that's what I want to know, the
16 "almost" part of it.

17 A. Well, I'm reluctant to speak in absolutes
18 because I don't want to have one or two that fall
19 out, but I can't think of the one or two that would
20 have fallen out.

21 Q. Okay. And again, I think you limited it to
22 just the last few months. You said there would be
23 very little during your first few months of
24 employment.

25 A. The first year.

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1 Q. First year. So do you remember any during
2 the first year that would not be what you consider
3 privileged?

4 A. None come to mind, no.

5 Q. Do you need a break?

6 A. I'm good.

7 MR. KRAUSE: Anyone else?

8 MR. ORTIZ: How much more do you have?

9 MR. KRAUSE: I'm wrapping up.

10 MR. ORTIZ: Let's just stretch for a
11 few minutes.

12 (At 11:38 a.m., a break was taken
13 until 11:48 a.m.)

14 (Mr. Voigt is not present.)

15 MR. KRAUSE: Back on the record.

16 Q. (BY MR. KRAUSE) I want to finally get back
17 to the notice of deposition, which we marked as
18 Exhibit 3. Let me make sure I get the areas right.
19 I think you were designated for 3, 16, and 17.

20 MR. ORTIZ: 9, 16, and 17.

21 MR. KRAUSE: Right. 9, 16, and 17.

22 MR. ORTIZ: Let me get back up there.

23 Q. (BY MR. KRAUSE) What documents or
24 information were presented to PVHC in connection
25 with Dr. Hansen getting privileges here?

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1 A. Originally?

2 Q. Yes. Do you know?

3 MR. ORTIZ: Which one are you looking
4 at?

5 MR. KRAUSE: Number 9.

6 MR. ORTIZ: Well, you're asking him
7 about privileges; this is asking about suspensions
8 and revocations.

9 MR. KRAUSE: Yeah. That's privileges.

10 MR. ORTIZ: Okay. I heard the
11 question differently.

12 A. I wasn't here at the time. I would assume
13 it would be the application for membership, and then
14 we would have had to produce -- it's called primary
15 source verification for the prior employment, the
16 medical education, the residency training, all of
17 that sort of thing.

18 Q. (BY MR. KRAUSE) What other documents?

19 MR. ORTIZ: And let me just object.
20 It's been asked and answered earlier today about
21 what was in the credentialing process.

22 But go ahead with that.

23 A. Yeah. So as far as what he would have
24 produced? I just want to make sure I understand
25 what --

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1 Q. (BY MR. KRAUSE) What he produced or what
2 documents you would have gotten.

3 A. We would have done all of the primary
4 source verification. We would have done the
5 National Practitioners Databank query. We would
6 have asked for documentation from him related to any
7 malpractice cases he had or any issues related to
8 substance abuse. He would have had to produce
9 documentation for all of that.

10 (Mr. Voigt entered the room.)

11 A. That would be a summary. I mean, I may be
12 overlooking something specific but in general terms
13 that's what --

14 Q. (BY MR. KRAUSE) I may have asked you this.
15 If I did, I apologize. Do you still have the
16 original file relating to him getting privileges?

17 MR. ORTIZ: We told you, Bob, already.
18 We produced it to you with the privilege log.

19 MR. KRAUSE: Oh, okay.

20 Q. (BY MR. KRAUSE) What steps do you have to
21 go through in order to suspend or revoke a
22 physician's privileges?

23 MR. ORTIZ: Let me object to the
24 extent it's overly broad and incomplete.

25 But go ahead and summarize.

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1 A. So the medical staff bylaws define a couple
2 of different mechanisms by which physician
3 privileges are suspended. So certain committees can
4 take that action, chief of staff can take that
5 action, and the CEO could take that action. And it
6 depends on the nature of the concern, whether the
7 action is considered summary in nature, you know,
8 "You have to stop practicing right now," and then we
9 have a hearing within five days or whether it's
10 something that there's a notice and then you get to
11 have the hearing.

12 Q. (BY MR. KRAUSE) Would any of those issues
13 dealing with suspension be related to patient care
14 are issues?

15 MR. ORTIZ: Are you be asking in
16 general?

17 MR. KRAUSE: Yes.

18 A. That's one of the categories, yes.

19 Q. (BY MR. KRAUSE) What are the other
20 categories that a physician could have his
21 privileges suspended?

22 A. Issues related to licensure, to
23 certification, DEA status, all of the qualifications
24 to be a physician in practice. That would be one
25 category. Quality of care. You can also have

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1 interpersonal issues.

2 Q. Okay. Let me limit it to patient care
3 issues.

4 A. Okay.

5 Q. How's that? What committees can suspend a
6 physician's privileges for patient care issues?

7 A. So I think the surgery committee can.

8 Q. Which one?

9 A. Surgery committee. Med exec. With the
10 rewrite of the bylaws, I don't remember whether
11 credentials would be, because I don't think these
12 are typically the issues that go to credentials. So
13 I think it would be surgery committee, med exec, and
14 then professional practice evaluation committee.
15 But I'm not sure whether they make the
16 recommendation or whether they actually have the
17 authority to do it.

18 Q. The surgery committee, which steps do they
19 have to go through before they can suspend a
20 physician's privileges?

21 A. My recollection is it's not very well
22 defined. I think it just says that they have the
23 authority to do it, but it doesn't say you have to
24 have three meetings or have this many cases. I
25 don't think there's that level of detail in the

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1 bylaws.

2 Q. So if they had a patient care issue
3 concerned with a physician, they could vote to
4 suspend his privileges?

5 A. That's my understanding, yeah.

6 Q. Okay. You used the term "medical executive
7 committee"?

8 A. Yeah.

9 Q. Okay. Just so the record's clear.

10 What steps does the medical executive
11 committee need to go through to suspend a
12 physician's privileges for patient care issues?

13 A. It would be the same answer. I don't think
14 our bylaws define a specific process. It's just
15 when, in their opinion, the concern rises to that
16 level.

17 Q. And then you said the --

18 A. Chief of staff.

19 Q. No, you gave other committee. The PPE?

20 A. Professional practice evaluation committee.

21 And there I questioned whether they actually have
22 the authority to suspend or whether they just
23 recommend suspension. I'm not sure where they stand
24 in the process.

25 Q. Then the second one that I wrote down was

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1 chief of staff.

2 A. Correct.

3 Q. Do you know who the chief of staff was in
4 2010?

5 A. '10? I'm not certain. I believe it was
6 Dr. Chandler, but I'm not certain --

7 Q. Okay.

8 A. -- as I wasn't here then.

9 Q. Do you know what steps the chief of staff
10 has to go through to suspend a physician's
11 privileges for a patient care issue?

12 A. Same answer. I don't think that our
13 processes are specific.

14 Q. So he can make that decision solely on his
15 own?

16 MR. ORTIZ: Let me object on
17 foundation.

18 Go ahead if you know.

19 A. That's my understanding of the bylaws.

20 Q. (BY MR. KRAUSE) Okay. And then the CEO
21 you said was the third one.

22 A. Yes.

23 Q. And at least presently that's you?

24 A. Yes.

25 Q. And in 2010 I think it was Rod Barton.

<p style="text-align: right;">100</p> <p>1 A. Yeah. I don't know whether that was Rod or 2 it could have been Robyn. So when Rod left, there 3 were interim CEOs before Paul took over. 4 Q. Okay. 5 A. And Robyn served at some point. I think it 6 was a seven- or eight-month window where Robyn was 7 interim CEO. 8 Q. And what's Robyn's last name? 9 A. Rolling. 10 Q. Are there any steps that you have to go 11 through as the CEO to suspend a physician's 12 privileges for patient care issues? 13 A. Not as outlined in -- again, it's the same 14 answer. I don't think that the bylaws are specific 15 as to process. 16 Q. Let me ask you your understanding. If a 17 physician came to you with a patient care issue 18 related to another physician and you believed that 19 report was credible, could you at that moment 20 suspend the other physician's privileges? 21 A. Your choice of word, "could," yes I could. 22 Q. I just want to make sure. Your 23 understanding is you have that authority to do it? 24 A. Yes. 25 Q. If you chose not to exercise that authority</p>	<p style="text-align: right;">102</p> <p>1 A. That's correct. 2 Q. Was that an accurate quote? 3 A. Yes, it was. 4 Q. Okay. Would you agree with me that back in 5 2010, Dr. Hansen was generating approximately half 6 the revenue for this hospital? 7 A. I would not agree with that. 8 Q. Do you know what percentage of the revenue 9 of the hospital he was generating? 10 A. No. But half would -- just off the top of 11 my head, that's a big number. I wouldn't expect a 12 single doctor to produce that much. 13 Q. And I'm using that based on what he 14 actually produced himself and, you know, what you 15 bill for the operating room and the postop care and 16 everything like that relating to Dr. Hansen's 17 patients. That might be a better way to phrase it. 18 A. And I'm not meaning to -- so you said 19 "hospital." So Powell Valley Healthcare is a 20 nursing home, hospital, clinics, home health, 21 hospice, and ambulance. So if I only look even at 22 just the hospital portion, I would be surprised that 23 Dr. Hansen would make up half of the hospital 24 revenue. 25 Q. Even if you consider what his, quote,</p>
<p style="text-align: right;">101</p> <p>1 and wanted to do more investigation, is there any 2 procedure laid out in the bylaws or anywhere that 3 would define what you should do? 4 A. I don't believe there's that level of 5 detail, no. 6 Q. So you have a lot of discretion in saying, 7 "No, I want to talk to the other physician first," 8 or, "I want other physicians to look into it," or 9 whatever? 10 A. Is this personal between the two 11 physicians? Yes. 12 Q. You have gone back and reviewed the 13 financial statements for Powell Valley Healthcare 14 from prior years even before you started working 15 here; correct? 16 A. Correct. 17 Q. And I think you told me in your last 18 deposition that as part of your -- I'll call it 19 review process in deciding whether you wanted to 20 work here, you reviewed their financial results for 21 several years? 22 A. That's correct. 23 Q. And I also saw a newspaper article recently 24 that quoted you as saying that Dr. Hansen was a real 25 workhorse.</p>	<p style="text-align: right;">103</p> <p>1 patients generate? 2 A. Yes. 3 Q. Do you know what the percentage was for 4 what he generated? 5 A. No. 6 Q. Would you be able to track that 7 information? 8 A. I could pull that. For your clarification, 9 we're a \$70 million business, and to suggest that a 10 single doc is doing half of that. . . 11 Q. Let me ask you this: At 70 million, what 12 percentage -- what number of that is just the 13 hospital, putting aside the nursing home and 14 everything else? 15 A. That's the piece I don't know off the top 16 of my head. 17 Q. When you used 70 million, you were 18 encompassing everything? 19 A. Powell Valley Healthcare, yeah. 20 Q. Would you agree that Dr. Hansen was the top 21 revenue-generating physician at the hospital? 22 A. Yes. 23 Q. Would you also agree that he did more 24 surgeries than any other physician? 25 A. Yes.</p>

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1 Q. Give Mr. Ortiz a chance to object before
2 you answer or say anything. Did you, as the CEO,
3 ever consider suspending Dr. Hansen's privileges?
4 Give him a minute to think about it.

5 MR. ORTIZ: Yeah. I think -- I think
6 just generally that question you can answer yes or
7 no.

8 A. Yes.

9 Q. (BY MR. KRAUSE) When did you first
10 consider that?

11 MR. ORTIZ: You can answer that as
12 well.

13 A. I believe it would have been in November of
14 '13.

15 Q. (BY MR. KRAUSE) Do you have the authority
16 to terminate a physician?

17 MR. ORTIZ: Just in general, you're
18 asking?

19 MR. KRAUSE: Yes.

20 MR. ORTIZ: Yeah. Go ahead.

21 A. The contract has options, and I would have
22 the authority to exercise the options within the
23 contract, yes.

24 Q. (BY MR. KRAUSE) Do you have to get
25 approval from anyone to terminate a physician?

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1 A. Have to, no. Would I typically --
2 "approval," I probably wouldn't use that word, but I
3 would involve others unless there was something that
4 was so emergent that I didn't have time to consult.
5 Discharging a physician is a pretty big deal, and I
6 would make sure that I consult appropriate other
7 folks. But from an authority perspective, yes, I
8 would have the authority.

9 Q. Who would you consult?

10 A. Depending on the physician, chief of staff,
11 medical director of the clinics, department chair
12 for that specialty, board chair. Those would be
13 folks that I would first try to talk with.

14 Q. As the CEO -- and again, give Mr. Ortiz a
15 minute to think and object if he wants to -- did you
16 ever consider suspending Dr. Hansen?

17 MR. ORTIZ: You can answer that yes or
18 no.

19 A. Yes.

20 Q. (BY MR. KRAUSE) And what decision did you
21 make?

22 A. I did not.

23 Q. You decided it was not warranted?

24 MR. ORTIZ: I don't know that
25 without -- if you can answer that without getting

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1 into the information that you relied on, then answer
2 it. But if you can't, I think it's privileged.

3 A. So did I decide it was not warranted? No.
4 We as an organization chose to take a different
5 approach.

6 MR. KRAUSE: And I'm assuming that
7 approach you're going to claim privilege on.

8 MR. ORTIZ: Yeah. And I think we've
9 objected to the documents.

10 Q. (BY MR. KRAUSE) Okay. Did you ever
11 consider terminating Dr. Hansen?

12 MR. ORTIZ: You can answer that yes or
13 no.

14 A. Yes.

15 Q. (BY MR. KRAUSE) And I assume you decided
16 not to terminate him; is that correct?

17 MR. ORTIZ: Answer as best you can
18 without getting into what the reliance was and all
19 that other stuff.

20 A. So I chose to pursue a different path that
21 would result in separation but would not be
22 classified as a termination.

23 Q. (BY MR. KRAUSE) Okay. But did you ever
24 decide that you should terminate Dr. Hansen?

25 THE DEPONENT: So I'm --

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1 MR. ORTIZ: Yeah. Go ahead.

2 A. I anticipated that I might need to. We
3 never reached the point in time where I had to
4 finalize that decision.

5 Q. (BY MR. KRAUSE) Would it be fair to say
6 that you gave Dr. Hansen the option of either
7 resigning or being told that he would be
8 terminating -- terminated if he did not?

9 MR. ORTIZ: I'm going to advise you
10 not to answer that question.

11 And, Bob, it's in all -- there's logs as to
12 all that went back and forth, and I'll just tell you
13 it deals with a lot of attorney-client issues. It
14 deals with a number of issues under the confidential
15 suspension termination proceedings of the bylaws.
16 So I can't open that door and have him start
17 explaining what they did without getting into all
18 those issues.

19 MR. KRAUSE: I'm not asking him to
20 explain. I just want to know if he, as the CEO,
21 ever presented Dr. Hansen with the option of either
22 resigning or being terminated.

23 MR. ORTIZ: I understand, but it all
24 is part of the same process that was on going, and
25 so I don't think I can let him get into that issue.

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1 Q. (BY MR. KRAUSE) I assume you're going to
2 follow your attorney's advice.

3 A. I am.

4 Q. What information, documents, or records
5 were presented to PVHC in connection with Dr. Hansen
6 resigning from the corporation?

7 MR. ORTIZ: I think -- I think what
8 you can -- how you can answer that would be to
9 generally describe the categories of documents that
10 were relied upon as you looked at suspension or
11 potential termination. So I think just giving
12 categories of documents would be as far as you could
13 go on that.

14 THE DEPONENT: Okay. So -- well, I'll
15 say what happened, and you stop me if I'm saying
16 what I shouldn't say.

17 A. So his privileges were suspended by Dr.
18 Lengfelder. As required by medical staff bylaws,
19 med exec met, had a hearing with him, did not yet
20 have results of external peer review, and so lifted
21 the suspension. Two days later, after having
22 received the peer review, med exec met again,
23 reinitiated the suspension. So that was end of
24 November-ish.

25 Q. (BY MR. KRAUSE) So let me start you there

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1 if I can. You would have gotten some documents from
2 the -- did you call it external peer review?

3 A. Uh-huh.

4 MR. ORTIZ: "Yes"?

5 Q. (BY MR. KRAUSE) Is that correct? You have
6 to say "yes."

7 A. Yes.

8 Q. What documents did you get?

9 MR. ORTIZ: And all you can do is just
10 categorize what the --

11 Q. (BY MR. KRAUSE) Don't tell me -- I'm not
12 asking you to tell me what was contained or who
13 authored those documents. I just want to know
14 what -- what type of documents they were.

15 A. They would have been external peer review
16 write-ups on specific patients of Dr. Hansen's.

17 Q. Let me see if I -- you would send patient
18 charts to another physician outside of the
19 organization, ask them to review it and report back
20 to you whether they thought the care was appropriate
21 or not; is that --

22 MR. ORTIZ: Well, I'm not going to let
23 him get into the specifics of what was requested in
24 this case.

25 You can generally describe what external

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1 peer review is.

2 A. So your summary would be accurate.

3 Q. (BY MR. KRAUSE) Okay. Then you said after
4 November of -- any other documents that you would
5 have gotten in connection with the initial
6 suspension?

7 A. So the letters communicating between chief
8 of staff, Dr. Lengfelder, and Dr. Hansen; the
9 subsequent letter from med exec to Dr. Hansen
10 lifting the suspension; and then two days later the
11 letter from med exec initiating the suspension
12 again.

13 Q. Any other documents?

14 A. So that takes us through the end of
15 November.

16 Q. And I mean up to that point were there any
17 other documents that you had gotten in connection
18 with suspending Dr. Hansen's privileges?

19 A. Not other than any ongoing work from the
20 PPEC, the peer review-type documents.

21 Q. Okay. So keep going, then.

22 A. So the PPEC continued its work doing
23 investigation into specific care-related topics. By
24 the later part of December, med exec met and
25 determined --

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1 MR. ORTIZ: Okay. The determinations
2 of what med exec did I don't want you to talk about.
3 You can say that they met and move forward.

4 A. Okay. They met --

5 Q. (BY MR. KRAUSE) Did they -- did they have
6 any other documents to review when they met?

7 A. PPEC had written a letter to med exec.

8 Q. And for purposes of the record, can you try
9 to use the formal name so it's --

10 A. Professional practice evaluation committee.

11 Q. Okay. What other documents did they have
12 or information?

13 A. So they would have all of the peer review
14 protected documents, and they produced a letter
15 summarizing their findings and recommendation to the
16 med exec.

17 Q. Med exec, formal name?

18 A. Medical executive committee.

19 Q. Okay. Good. Keep going.

20 A. So medical executive committee would have
21 reviewed the recommendation from the professional
22 practice evaluation committee and would have made
23 their own determination.

24 MR. ORTIZ: That's as far as you can
25 go on that.

<p style="text-align: right;">112</p> <p>1 Q. (BY MR. KRAUSE) Would the medical 2 executive committee have had any other documents or 3 information? 4 A. Other than what they received from 5 profession professional practice evaluation 6 committee, no. 7 Q. Okay. Keep going. 8 A. So medical executive committee met, made 9 their recommendation. Based on that recommendation, 10 certain responsibilities as defined by the bylaws 11 were carried out. That would require notifications, 12 that sort of thing. And it was at that point 13 that -- and I think this goes back to your original 14 question about firing, and it was at that point that 15 I felt like I was going to have to make that 16 decision or not. 17 Q. As I understand, you never made a final 18 decision; correct? 19 A. Right. We chose a different course. 20 Q. At that point did you have any other 21 documents, other than what you've told me about -- 22 A. No. 23 Q. -- to make your decision? 24 A. No. 25 MR. ORTIZ: Did you -- did you have</p>	<p style="text-align: right;">114</p> <p>1 questions I have for you. 2 THE DEPONENT: Okay. 3 MR. KRAUSE: So thank you again for 4 coming in. 5 I don't know if anyone else has any 6 questions. 7 MR. ORTIZ: No. We'll reserve 8 everything. 9 And we'll ask him to read and sign, Anne. 10 (The deposition proceedings were 11 concluded at 12:18 p.m., June 25, 2014.) 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">113</p> <p>1 outside counsel by then? 2 THE DEPONENT: Oh, we had numerous 3 meetings with out counsel. 4 MR. ORTIZ: So he also is asking if 5 you had privileged communications from lawyers. 6 A. Yes, multiple phone calls and letters. 7 Q. (BY MR. KRAUSE) And without telling me 8 what was said, did you -- in connection with any of 9 those investigations, did any of the committees or 10 yourself talk to Dr. Hansen? 11 A. As required by the bylaws, Dr. Hansen would 12 have been involved in a couple of hearings where he 13 had the opportunity to meet with the professional 14 practice evaluation committee and with the medical 15 executive committee. 16 Q. And would you also have interviewed other 17 health care providers that you thought had pertinent 18 information? 19 A. Me personally? 20 Q. Or the committees. 21 A. By that point my sense is most of the 22 interviews had already been accomplished, had 23 already taken place. 24 MR. KRAUSE: And then I think as to 25 the areas you've been designated, that's all the</p>	<p style="text-align: right;">115</p> <p>1 <u>DEPONENT'S CERTIFICATE</u> 2 I, WILLIAM PATTEN, do hereby certify that I 3 have read the foregoing transcript of my testimony 4 and that the same is a full, true, and correct 5 record of my deposition except as to any corrections 6 I have listed on the Amendment to Deposition Form. 7 8 _____ Changes and corrections made. 9 _____ No changes or corrections made. 10 11 12 13 _____ 14 WILLIAM PATTEN 15 16 Subscribed and sworn to before me this____ 17 day of _____, 2014. 18 19 20 21 _____ 22 Notary Public 23 My Commission Expires: _____ 24 25</p>

CERTIFICATE

I, ANNE BOWLINE, a Registered Merit Reporter and a Notary Public of the State of Wyoming, do hereby certify that William Patten was by me first duly sworn to testify to the truth, the whole truth, and nothing but the truth;

That the foregoing transcript, consisting of 114 typewritten pages, is a true and accurate transcription of my stenographic notes of the testimony given by the said deponent, together with all other proceedings herein contained;

I further certify that I am not related in any manner to any party, witness, or counsel and have no financial or other interest in the outcome of the above-entitled cause.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal this 9th day of July, 2014.

ANNE BOWLINE
Registered Merit Reporter

My Commission Expires October 19, 2014.